

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007671  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. \_\_\_\_\_ Registrar's No. 23

**FILED MAR 5 1963**

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Princeton</b>		c. CITY OR TOWN <b>Princeton</b>	
Length of stay in 1b <b>11 Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>VICTOR FLUTE WALKER</b>			4. DATE OF DEATH Month Day Year <b>FEB. 22, 1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/5/1879</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>11 18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Baptist Church</b>		11. BIRTHPLACE (City and state or country) <b>Mercer County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>James Madison Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Ruth</b>	
14. NAME OF HUSBAND OR WIFE <b>Lucy M. Walker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT Address <b>Mrs. Lucy M. Walker, Princeton, Mo.</b>					

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Pulmonary edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hr.</b>
DUE TO (b) <b>Coronary arteriosclerosis</b>		<b>10 yrs.</b>
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hemiplegia due to cerebral Hemorrhage five years ago.</b>		PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Jan. 29, 1957 to February 22, 63 and last saw him alive on February 22, 1963  
Death occurred at 12:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. Frank H. Gilbert</i>		22b. ADDRESS <b>Princeton, Missouri</b>		22c. DATE SIGNED <b>2/25/1963</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 25, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairley Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>No. Princeton, Missouri</b>	
24. FUNERAL DIRECTOR <b>Martin &amp; Asbell Funeral Home - Princeton</b>		25. DATE RECD. BY LOCAL REG. <b>2-25-63</b>	26. REGISTRAR'S SIGNATURE <i>Alfred Mass</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

DATE AMENDED

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Rev. 4/59

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Form 10-1 (1-1-17)

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Myself, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Lyman Ogden

Licensed Embalmer No. 5020

P. O. Address Princeton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DO NOT SIGN - EMERALD - IN OWN HAND

OR

More of N.Y.